

FORM PTO-1449  
(REV. 7-85)U.S. DEPARTMENT OF COMMERCE  
PATENT AND TRADEMARK OFFICE  
INFORMATION DISCLOSURE CITATIONATTY. DOCKET NO.  
PD/4-32616A  
APPLICATION NO.  
10/523,750  
APPLICANT  
LEDERGERBER ET AL.  
FILING DATE  
FEBRUARY 8, 2005

Group

(Use several sheets if necessary)



## U.S. PATENT DOCUMENTS

EXAMINER INITIAL	DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE
AA						
AB						
AC						
AD						
AE						
AF						
AG						
AH						
AI						
AJ						
AK						
AL						

## FOREIGN PATENT DOCUMENTS

	DOCUMENT NUMBER	DATE	OFFICE	CLASS	SUBCLASS	TRANSLATION	
						YES	NO
AM	01/76561	10/18/01	WO			<input type="checkbox"/>	<input type="checkbox"/>
AN	99/27946	6/10/99	WO			<input type="checkbox"/>	<input type="checkbox"/>
AO	95/32726	12/7/95	WO			<input type="checkbox"/>	<input type="checkbox"/>
AP	00/00179	1/6/00	WO			<input type="checkbox"/>	<input type="checkbox"/>
AQ	99/13900	3/25/99	WO			<input type="checkbox"/>	<input type="checkbox"/>

## OTHER DOCUMENTS (including Author, Title, Date, Pertinent pages, Etc.)

AR	Pedersen G P et al. "Solid state characterisation of a dry emulsion: a potential drug delivery system.", International Journal of Pharmaceutics, vol. 171, no. 2, pp. 257-270, (1998).
AS	
AT	

EXAMINER	/Casey Hagopian/	DATE CONSIDERED	01/07/2009
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\*EXAMINER: Initial of reference considered, whether or not citation is in conformance with MPEP 609: Draw a line through citation if not in conformance and not considered. Include a copy of this form with the next communication to applicant.

ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /C.H./

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EXAMINER INITIAL		DOCUMENT NUMBER	DATE	OFFICE	CLASS	SUBCLASS	TRANSLATION	
							YES	NO
	CA	0 556 394	8/25/93	EP			<input type="checkbox"/>	<input type="checkbox"/>
	CB	0 327 280	8/9/89	EP			<input type="checkbox"/>	<input type="checkbox"/>
	CC	198 19 273	11/11/99	DE			<input type="checkbox"/>	<input type="checkbox"/>
	CD						<input type="checkbox"/>	<input type="checkbox"/>
	CE						<input type="checkbox"/>	<input type="checkbox"/>
	CF						<input type="checkbox"/>	<input type="checkbox"/>
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	CH						<input type="checkbox"/>	<input type="checkbox"/>
	CI						<input type="checkbox"/>	<input type="checkbox"/>
	CJ						<input type="checkbox"/>	<input type="checkbox"/>
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	CP						<input type="checkbox"/>	<input type="checkbox"/>
	CQ						<input type="checkbox"/>	<input type="checkbox"/>
	CR						<input type="checkbox"/>	<input type="checkbox"/>
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	CU						<input type="checkbox"/>	<input type="checkbox"/>
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	CX						<input type="checkbox"/>	<input type="checkbox"/>
	CY						<input type="checkbox"/>	<input type="checkbox"/>
	CZ						<input type="checkbox"/>	<input type="checkbox"/>

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